



Balanitis and Homoeopathy

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Definition

- The inflammation of the glans penis is called Balanitis.
- Balanitis can also mean inflammation end of the clitoris.
- Posthitis is inflammation of the foreskin.
- Balanitis involving the foreskin as well as prepuce is termed balanoposthitis.

Etymology

- Greek- Balanos- Head of Penis / Glans
- Latin- Posthe- Foreskin / Prepuce
- + itis- inflammation

Anatomy

The penis is the male sex as well as excretory organ. It has following parts-

Glans

It is head of the penis and covered with pink, moist tissue called mucosa. Covering the glans is the foreskin or prepuce. In circumcised men, the foreskin is surgically removed and the mucosa on the glans transforms into dry skin.

Corpus cavernosum

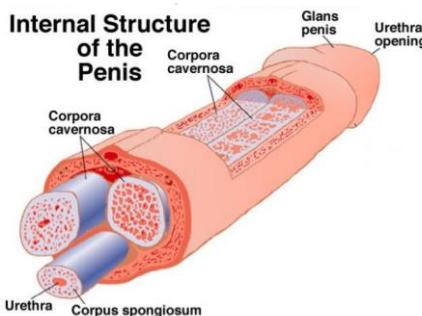
These are two columns of tissue running along the sides of the penis. Blood fills this tissue to cause an erection.

Corpus spongiosum

It is a column of sponge-like tissue running along the front of the penis and ending at the glans penis. It fills with blood during an erection, keeping the urethra open.

Urethra

The urethra runs through the corpus spongiosum, conducting urine out of the body.



Predisposing factors

These include poor hygiene and over washing, use of over-the-counter medications, and nonretraction of the foreskin.

Pathophysiology

Uncircumcised men with poor personal hygiene (Causa occasionalis) are most affected by balanitis. Lack of aeration and irritation because of smegma and discharge surrounding the glans penis causes inflammation and edema (Causa occasionalis).

Though uncommon, complications of balanitis include phimosis (Psora/ Syphilis) and cellulitis (Psora). Meatal stenosis (Psora) with urinary retention may rarely accompany balanitis. In very few cases, balanitis may lead to the buried penis syndrome (Psora/ Syphilis).

Epidemiology

Balanitis can occur in males at any age. Etiologies differ depending on age.

Signs and symptoms

History

Patient may present with following main complaints-

- Difficulty urinating or controlling urine stream (Psora/ Sycosis/ Syphilis)
- Impotence (Psora)
- Incapability to insert a Foley's catheter (Psora)
- Irritation of the glans (Psora)
- Itching (Psora)
- Pain or difficulty in retraction of foreskin (Psora)
- Painful urination (Psora)

- Penile discharge (Sycosis/ Syphilis)
- Soreness of the glans (Psora)
- Systemic symptoms such as fever and nausea (Psora)
- Tenderness and erythema of glans penis (Psora)
- The soreness, irritation and discharge under the foreskin typically occurs two to three days after sexual intercourse (Psora/ Sycosis)

Physical

These may include-

- An unpleasant smell (Psora)
- Ballooning of the foreskin when passing urine (Psora/ Sycosis)
- Bladder distension (Psora)
- Erythema and edema of glans penis or foreskin (Psora)
- Inflammation of the glans (Psora)
- Lymphadenopathy (Psora/ Syphilis/ Sycosis)
- Meatal stenosis (Psora/ Syphilis)
- Phimosis in severe cases (Psora/ Syphilis)
- Plaques (Psora/ Sycosis)
- Signs of urinary obstruction (Psora/ Syphilis)
- Ulceration (Psora/ Syphilis)
- Under the foreskin there may be a lumpy, thick discharge (Psora/ Sycosis/ Syphilis)

Causes

Cutaneous / mucocutaneous diseases

- Aphthae (Psora/ Syphilis)
- Behcet's Disease- Annular erythematous moist plaques with ulceration healing with fibrosis / scarring with preceding oral ulcers / ophthalmic involvement (Syphilis)



- Dermatitis (Psora)
- Dermatitis herpetiformis / Erythema multiforme / Stevens-Johnson syndrome / Toxic epidermal necrolysis (Psora/ Syphilis)
- Eczema (Psora/ Syphilis)
- Herpes Zoster (Psora/ Syphilis)
- Lichen planus (Psora/ Sycosis)
- Pemphigus (Psora/ Syphilis)
- Porokeratosis of Mibelli (Psora/ Sycosis/ Syphilis)

- Psoriasis (Psora/ Syphilis/ Sycosis)
- Varicella Zoster (Psora/ Syphilis)

Phimosis

Old sweat, urine and other substances may accumulate under the foreskin, causing irritation and allowing germs to multiply. (Psora/ Syphilis)

Unprotected sex

If the female partner has vaginal thrush, the male may become infected, increasing the risk of developing balanitis. Genital herpes, Chlamydia and syphilis may also cause balanitis. (Psora/ Syphilis)

Metabolic disorders

- Diabetes is the most common cause (Psora/ Syphilis)
- Morbid obesity (Psora/ Sycosis)

Hygiene

- Poor personal hygiene (Causa occasionalis)

Irritation

- Chemicals that exist in condoms, lubricants and spermicides (Causa occasionalis)
- Some detergents if not completely rinsed (Causa occasionalis)
- Some fabric conditioners if not completely rinsed (Causa occasionalis)
- Some perfumed soaps (Causa occasionalis)
- Some shower gels (Causa occasionalis)
- Petroleum jelly (Causa occasionalis)
- Podophyllin (Causa occasionalis)
- Urine (Causa occasionalis)
- Smegma (Causa occasionalis)



Vesicles / Bullae with Erosions (Contact dermatitis / Fixed Drug Eruptions)

Organ malfunctions

- Edematous conditions, such as right-sided congestive heart failure, cirrhosis, and nephrosis (Psora/ Syphilis/ Sycosis)

Allergy

- Drug allergies (Psora)

Infections

- Anaerobic infection (Psora/ Syphilis/ Sycosis)
 - Corynebacterium diphtheria
 - Fusospirochaetes
- Aerobic infections (Psora/ Syphilis/ Sycosis)
 - Gardenella Vaginalis
 - Streptococcus sp. - Beta-hemolytic streptococci of Group B and group A
 - Staphylococcus aureus
 - Calymmatobacterium granulomatis
 - Neisseria gonorrhoeae- Superficial Erosions with Purulent Urethral Discharge-



(Neisseria Gonorrhoea)

- Chlamydia trachomatis
- Hemophilus ducreyi
- Pseudomonas
- Protozoal (Psora/ Syphilis)
 - Trichomonas vaginalis- Small Gray-White vesicles on erythematous base +/- Ulceration with Prostatitis / Urethritis



(Trichomonas Vaginalis)

- Entamoeba histolytica
- Parasitic (Psora)

- Scabies
- Pediculosis
- Creeping eruptions / Cutaneous larva migrans

Fixed drug eruptions (Causa occasionalis)

- Tetracyclines / Sulphonamides
- Carbamazepines
- Dapsone
- Salicylates
- Erythromycin
- Metronidazole
- Barbiturates

Traumatic (Causa occasionalis)

- Post-coital / Post-masturbation
- Zip fastener laceration
- Frictional trauma
- Teeth bites
- Excoriations



Frenal tears / Edema

Malignancies

- Premalignant conditions (Psora/ Syphilis/ Sycosis)
 - Erythroplasia of Queyrat (Bowen's disease)
 - Leukoplakia
 - Extramammary Paget's
- Malignant diseases (Psora/ Syphilis/ Sycosis)
 - Squamous cell carcinoma / Basal cell carcinoma
 - Melanomas

Other causes (Psora/ Syphilis/ Sycosis)

- Borrelia vincentii and Borrelia burgdorferi
- Candidal species - Smooth erythematous scaly papules with satellite pustules (Superadded inf) with peeling of skin +/- Plaques of thrush / Maceration / Erosions



Candida albicans

- Human papilloma virus
- Treponema pallidum / refrigens / phaegedenis / balanitidis
- Trichomonal species
- Mycobacterium tuberculosis / leprae
- Circinate Balanitis
- Zoon's Balanitis
- Balanitis Xerotica Obliterans (Lichen Sclerosus et Atrophicus)
- Pseudoepitheliomatous micaceous and keratotic balanitis of Civatte (PMKB)
- FB-induced (Beads / Calculi)
- Post Intravesical BCG (Granulomatous BP)

Types

Balanitis xerotica obliterans

This is also called as lichen sclerosus and is a chronic dermatosis identified by whitish plaques involving the glans and foreskin.



Zoon balanitis

It is a reddish velvety lesion on the glans.



Circinate Balanitis

It is often seen in Reiter disease and consists of circinate and eroding lesions on the glans with painless, serpiginous, geographic dermatitis of Glans (uncircumcised) and Hyperkeratotic plaques.



Pseudoepitheliomatous micaceous and Keratotic balanitis of Civatte (PMKB)

Pseudoepitheliomatous, keratotic, and micaceous balanitis is a rare condition characterized by verrucous excrescences with scaling. It is common after circumcision for phimosis in adult life.



Atrophic Balanitis

It is chronic inflammation followed by atrophic sclerosis, depigmentation, induration, phimosis and urethral Stricture.



Chronic benign circumscribed plasma cell balanitis

It is characterized by shiny red velvety plaques with cayenne pepper stippling.



Follman's Balanitis of Syphilis

It is marked by erosive indurated painless chancre over prepuce with phimosis with doughy infiltrate, nodular or diffuse infiltrate.



Multiple painful shallow non-indurated ulcers with undermined edges over prepuce / glans +/- Phimosis (Chancroid)

Psoriatic Balanitis

It has bright red micaceous scaly annular plaques with cutaneous / nail / joint involvement (Penile Psoriasis).



Differential Diagnosis

- Candidiasis
- Psoriasis

Laboratory Studies

- Screening tests for- HIV
- VDRL / rapid plasma reagin (RPR) / Treponema pallidum immobilization test (TPI) / fluorescent Treponemal antibody absorption (FTA-ABS) for syphilis
- Blood Sugar F/PP
- Urinalysis / culture
- Complete Blood Counts
- KOH mount (Candida)
- Subpreputial swab for culture (Trichomonas)
- Gram stain / Ziehl–Neelsen stain (mixed infections)
- Pus culture (mixed infections)
- Microscopy (Spirochetes)
- Tzanck smear (Herpes simplex virus)
- Acetowhite test (Human papilloma virus)
- Urethral swab (Gonococci)
- Patch tests (Contact Dermatitis)
- Skin biopsy

Imaging Studies

- Ultrasonography lower abdomen
- Bladder scan to detect urinary obstruction in severe balanitis

Prevention

Deterrence or prevention of balanitis includes the following measures-

- Proper personal hygiene
- Control of diabetes and chronic medical disorders
- Weight reduction for obese
- Prevention from unsafe sexual activities

Complications

- Meatal stenosis
- Possible urethral strictures
- Urinary retention
- Vesicoureteral reflux
- Phimosis

Treatment

Gentle retraction of the foreskin daily and soaking in warm water to clean penis and foreskin is essential part of treatment. Patients presenting to the erectile dysfunction (ED) with phimosis and severe urinary obstruction as a complication of balanitis may need help of surgery. Circumcision may be indicated. Circumcision is not a preventive treatment of balanitis in those younger than 3 years.

Homoeopathic treatment

Common remedies for Balanitis

Acon. alum. ALUMN. antip. APIS arg-met. Arg-n. arn. ars. aur-ar. aur-s. Aur. bell. bry. CALAD. CALC. Calen. Cann-s. Canth. carbn-s. caust. chin. CINNB. coc-c. con. Cop. Cor-r. crot-t. CUB. cupr. DIG. elaps Gels. graph. ham. hep. iris JAC-C. Jac-g. KALI-CHL. kali-p. KALI-S. kreos. LACH. led. Lyc. lys. lyss. m-aust. MERC-C. MERC. MEZ. mur-ac. nat-ar. NAT-C. Nat-m. nat-sil. Nit-ac. NUX-V. ol-sant. ozone petr. ph-ac. PSOR. puls. RHOD. rhus-t. ros-d. sabin. sars. SEP. sil. staph. Sulph. Sumb. syc. THUJ. viol-t.

Short repertory of Balanitis

Male - BALANITIS, penis, glans - pus, under prepuce- jac-c.

Male - BALANITIS, penis, glans- Acon. alum. Alumn. antip. Apis Arg-n. arn. ars. aur-ar. aur-s. Aur. bry. Calad. Calc. Calen. cann-s. canth. carbn-s. caust. chin. CINNB. Cop. Cor-r. Cub. cupr. Dig. Gels. graph. ham. iris Jac-c. KALI-CHL. kali-p. Kali-s. lach. led. Lyc. lys. Merc-c. Merc. mez. nat-ar. Nat-c. Nat-m. nat-sil. Nit-ac. nux-v. ozone petr. ph-ac. Psor. Rhod. rhus-t. sabin. sars. sep. sil. staph. Sulph. Thuj.

MALE - INFLAMMATION - penis - glans, balanitis – gonorrhreal- alum. cann-s. canth. caust. chin. cinnb. COR-R. lach. lyc. MERC. mez. nat-c. nat-m. NIT-AC. NUX-V. petr. SEP. staph. SULPH. THUJ.

MALE - INFLAMMATION - Penis - glans, balanitis- Acon. alum. Alumn. antip. Apis Arg-n. arn. ars. aur-ar. aur-s. Aur. bry. Calad. Calc. Calen. cann-s. canth. carbn-s. caust. chin. CINNB. Cop. Cor-r. Cub. cupr. Dig. Gels. graph. ham. iris Jac-c. KALI-CHL. kali-p. Kali-s. lach. led. Lyc. lys. Merc-c. Merc. mez. nat-ar. Nat-c. Nat-m. nat-sil. Nit-ac. nux-v. ozone petr. ph-ac. Psor. Rhod. rhus-t. sabin. sars. sep. sil. staph. Sulph. Thuj.

MALE - INFLAMMATION - Penis - prepuce, balanitis – erysipelatous- Apis ARS. LACH. Puls. RHUS-T.

MALE - INFLAMMATION - Penis - prepuce, balanitis – frenum- Calc. Nit-ac. sumb. thuj.

MALE - INFLAMMATION - Penis - prepuce, balanitis - glands of- thuj.

MALE - INFLAMMATION - Penis - prepuce, balanitis - inner surface- crot-t. merc. Nit-ac.

MALE - INFLAMMATION - Penis - prepuce, balanitis – margin- jac-c.

MALE - INFLAMMATION - Penis - prepuce, balanitis- Acon. Apis arn. Ars. aur. bell. calad. Calc. cann-s. Canth. CINNB. coc-c. con. cor-r. crot-t. dig. elaps Gels. graph. hep. Jac-c. Jac-g. kreos. lach. lyc. merc-c. MERC. mez. mur-ac. nat-ar. Nat-c. Nit-ac. ol-sant. puls. Rhus-t. sabin. sep. sil. staph. Sulph. Sumb. syc. Thuj. viol-t.

MALE SEXUAL SYSTEM - Prepuce – Inflammation- Acon. apis calad. Cann-s. Canth. Cinnb. coc-c. con. crot-t. dig. Gels. Jac-c. lyc. merc-c. Merc. Nit-ac. ol-sant. Rhus-t. sulph. Thuj. viol-t.

Bibliography



Chapter 189. Yeast Infections: Candidiasis, Tinea (Pityriasis) Versicolor, and Malassezia (Pityrosporum) Folliculitis > Balanitis and Balanoposthitis Fitzpatrick's Dermatology in General Medicine, 8e... Figure 189-3 Candidal balanoposthitis. Multiple discrete pustules on the glans penis and inner aspect of the foreskin. Candida spp. cause 30%–35% of infectious balanitis. Factors predisposing to candidal balanitis include diabetes mellitus, an uncircumcised state, and candidal vaginal...



Chapter 77. Diseases and Disorders of the Male Genitalia > Zoon Balanitis Fitzpatrick's Dermatology in General Medicine, 8e ... Zoon Balanitis at a Glance Zoon plasma cell balanitis (ZB; properly balanoposthitis) affects the middle-aged and older uncircumcised male. ZB is a chronic, reactive, irritant mucositis. ZB is characterized by silent symptomatology and florid signs. Zoonoid inflammation is a common...



Chlamydial Infections > REACTIVE ARTHRITIS Harrison's Principles of Internal Medicine... usually papules with a central yellow spot—most often involve the soles and palms and, in ~25% of patients, eventually epithelialize and thicken to produce keratoderma blenorhagicum. Circinate balanitis is usually painless and occurs in fewer than half of patients. The initial episode of reactive...



Dermatologic Disorders > 4. Balanitis Current Medical Diagnosis & Treatment 2016 ... or itching. Chronicity and relapses, especially after sexual contact, suggest reinfection from a sexual partner who should be treated. Severe purulent balanitis is usually due to bacteria. If it is so severe that phimosis occurs, oral antibiotics—some with activity against anaerobes—are required; if rapid...



Disorders of the Genitalia, Perineum, and Anus > Phimosis, Paraphimosis, Balanitis Xerotica Obliterans Fitzpatrick's Color Atlas and Synopsis of Clinical Dermatology, 7e... lymphedema, Kaposi sarcoma. Precludes examination of glans for precancerous changes. Balanitis xerotica obliterans (BXO): End stage of chronic phimosis. Foreskin fibrotic, contracted, fixed over glans and cannot be retracted over glans. Most often end-stage lichen sclerosus, which...



Disorders of the Genitalia, Perineum, and Anus > Plasma Cell Balanitis and Vulvitis Fitzpatrick's Color Atlas and Synopsis of Clinical Dermatology, 7e.... Plasma cell balanitis Solitary red glistening plaque for 10 years in an uncircumcised male. Asymptomatic red glistening plaque(s) on glans penis or vulva. Differentiate from squamous cell carcinoma in situ. Management: Circumcision...



Encyclopedia Homoeopathica



Gonococcal Infections > Gonococcal Infections in Men Harrison's Principles of Internal Medicine... inflammatory “soft” infiltration of the urethral wall, periurethral abscess or fistula, inflammation or abscess of Cowper's gland, and seminal vesiculitis. Balanitis may develop in uncircumcised men.



Radar 10



The Male Genitalia and Reproductive System> Glans—balanitis DeGowin's Diagnostic Examination, 10e. Acute or chronic irritation, infection, or inflammation of the glans produces epithelial erosions or thickening with papules or plaques. In erosive balanitis the skin of the glans desquamates with formation of erosions and small ulcers which may become confluent, involving the entire glans...